(b) if so, whether the report reveals that 98 per cent educated women have one to three children whereas 89 per cent illiterate women have upto three children;

(c) whether family planning has not been successful in regard to the illiterate parents;

(d) if so, what are the steps Government propose to take to reduce birth of children among the illiterate parents; and

(e) to what extent, Government have been successful in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) As per the latest available birth rate reported by Sample Registration System (2001), the total number of children bom every day in the country is about 71500. As per the National Family Health Survey (NFHS II) 1998-99, the Total Fertility Rate (TFR) for illiterate women is 3.47. TFR declines with increase in education. TFR for women with education level of high school or more is 2 at all India level.

(c) to (e) There is no significant difference between illiterates and others in acceptance of terminal methods of contraceptives as per NFHS 1998-99. However, the Total Fertility Rate shows a difference. The Government of India announced the National Population Policy 2002 that advocates various promotional and motivational measures for adoption of small family norm for couples below the poverty line.

Medicinal plants

2740. SHRIMATI JAMANA DEVI BARUPAL :

DR.T SUBBARAMI REDDY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether her Ministry is frustrated with poor co-operation from the other Department in its efforts to streamline conservation and harvest of medicinal plants;

(b) if so, whether any efforts have been made to dissolve the non-functional committees or to bring these under the control of the Department of Indian Systems of Medicine and Homoeopathy;

(c) whether her Ministry had called a meeting of the National Medicinal Plant Board, which was set up in 2000 to look at the ways for sqstainable harvest of medicinal plants;

(d) if so, the decisions taken thereat; and

(e) the steps being taken to implement them?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) The Government Departments always endeavour to co-operate so as to streamline conservation and harvest of medical plants.

(b) Does not arise.

(c) Yes, Sir.

(d) and (e) Several decisions were taken to develop the sector which are being implemented.

Ill-effects of exposure to asbestos

2741. SHRI MANOJ BHATTACHARYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware that exposure to asbestos dust scar lung tissue, trigger cancer and cause pleural diseases;

(b) if so,whether any empirical study has been made in the matter amongst the labour employed in asbestos companies;

(c) if so, the details thereof; and

(d) the curative and corrective measures proposed to be taken in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (d) The World Health Organisation (WHO) is of the view that persons engaged in asbestos mining are at risk of having cancer. Studies done by the National Institute of Occupational Health (NIOH), Ahmedabad have shown than long term exposure to any type of asbestos can lead to development of asbestosis, lung cancer and mesothelioma.

Various standards have been prescribed by the Bureau of Indian Standards (BIS) to ensure safety in handling and use of Asbestos and Asbestos products. In addition there are provisions under the Factories (Amendment) Act, 1987, Mines Act, 1952 and Environment Protection Act, 1986 to reduce/control the hazards produced due to Asbestos exposure.